

State: \_\_\_\_\_

Citation	Condition or Requirement
	<p>For the following persons with greater need:</p> <p>Supplement 12 to <u>Attachment 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.</p>
1924 of the Act	<p>3. In addition to the amounts under item 2. , the following monthly amounts are deducted from the remaining income of an institutionalized individual with a community spouse:</p> <p>a. The monthly income allowance for the community spouse, calculated using the formula in §1924(d)(2), is the amount by which the maintenance needs standard exceeds the community spouse's income. The maintenance needs standard cannot exceed the maximum prescribed in §1924 (d)(3)(C). The maintenance needs standard consists of a poverty level component plus an excess shelter allowance.</p> <p>_____ The poverty level component is calculated using the applicable percentage (set out §1924(d)(3)(B) of the Act) of the official poverty level.</p> <p>_____ The poverty level component is calculated using a percentage greater than the applicable percentage, equal to _____%, of the official poverty level (still subject to maximum maintenance needs standard).</p> <p>_____ The maintenance needs standard for all community spouses is set at the maximum permitted by §1924(d)(3)(C).</p> <p>Except that, when applicable, the State will set the community spouse's monthly income allowance at the amount by which exceptional maintenance needs, established at a fair hearing, exceed the community spouse's income, or at the amount of any court-ordered support.</p>

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State: \_\_\_\_\_

Citation	Condition or Requirement
	<p>In determining any excess shelter allowance, utility expenses are calculated using:</p> <ul style="list-style-type: none"><li>_____ the standard utility allowance under §5(e) of the Food Stamp Act of 1977; or</li><li>_____ the actual unreimbursable amount of the community spouse's utility expenses less any portion of such amount included in condominium or cooperative charges.</li></ul> <p>b. The monthly income allowance for other dependent family members living with the community spouse is:</p> <ul style="list-style-type: none"><li>_____ one-third of the amount by which the poverty level component (calculated under §1924(d)(3)(A)(i) of the Act, using the applicable percentage specified in §1924 (d)(3)(B) ) exceeds the dependent family member's monthly income.</li><li>_____ a greater amount calculated as follows:</li></ul> <p>The following definition is used in lieu of the definition provided by the Secretary to determine the dependency of family members under §1924 (d)(1):</p> <p>c. Amounts for health care expenses described below that are incurred by and for the institutionalized individual and are not subject to payments by a third party:</p> <ul style="list-style-type: none"><li>(i) Medicaid, Medicare, and other health insurance premiums, deductibles, or coinsurance charges, or copayments.</li><li>(ii) Necessary medical or remedial care recognized under State law but not covered under the State plan. (Reasonable limits on amounts are described in Supplement 3 to <u>ATTACHMENT 2.6-A.</u>)</li></ul>

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Citation	Condition or Requirement
435.725 435.733 435.832	<p>4. In addition to any amounts deductible under the items above, the following monthly amounts are deducted from the remaining monthly income of an institutionalized individual or an institutionalized couple:</p> <p>a. An amount for the maintenance needs of each member of a family living in the institutionalized individual's home with no community spouse living in the home. The amount must be based on a reasonable assessment of need but must not exceed the higher of the:</p> <ul style="list-style-type: none"><li>o AFDC level; or</li><li>o Medically needy level:</li></ul> <p>(Check one)</p> <ul style="list-style-type: none"><li>-- AFDC levels in Supplement 1</li><li>-- Medically needy level in Supplement 1</li><li>-- Other: \$ _____</li></ul> <p>b. Amounts for health care expenses described below that have not been deducted under 3.c. above (i.e., for an institutionalized individual with a community spouse), are incurred by and for the institutionalized individual or institutionalized couple, and are not subject to the payment by a third party:</p> <ul style="list-style-type: none"><li>(i) Medicaid, Medicare, and other health insurance premiums, deductibles, or coinsurance charges, or copayments.</li><li>(ii) Necessary medical or remedial care recognized under State law but not covered under the State plan. (Reasonable limits on amount are described in Supplement 3 to <u>ATTACHMENT 2.6-A.</u>)</li></ul>
435.725 435.733 435.832	<p>5. At the option of the State, as specified below, the following is deducted from any remaining monthly income of an institutionalized individual or an institutionalized couple:</p> <p>A monthly amount for the maintenance of the home of the individual or couple for not longer than 6 months if a physician has certified that the individual, or one member of the institutionalized couple, is likely to return to the home within that period:</p> <p>_____ No.</p> <p>_____ Yes (the applicable amount is shown on page 5a.)</p>

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Revision: HCFA-PM-97-2  
December 1997

ATTACHMENT 2.6-A  
Page 5a  
OMB No.: 0938-0673

State: \_\_\_\_\_

Citation	Condition or Requirement
_____	Amount for maintenance of home is: \$_____.
_____	Amount for maintenance of home is the actual maintenance costs not to exceed \$_____.
_____	Amount for maintenance of home is deductible when countable income is determined under §1924(d)(1) of the Act only if the individuals' home and the community spouse's home are different.
_____	Amount for maintenance of home is not deductible when countable income is determined under §1924 (d)(1) of the Act.

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Territory: \_\_\_\_\_

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<u>Citation</u>	<u>Condition or Requirement</u>
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B. Posteligibility Treatment of Institutionalized  
Individuals' Incomes

1. The following items are not considered in the posteligibility process:

- |                             |   |
|-----------------------------|---|
| 1902(r)(1) of<br>the Act    | a. German Reparations Payments (reparation payments<br>by the Federal Republic of Germany).   |
| 105/206 of<br>P. L. 100-383 | b. Japanese and Aleutian Restitution Payments.  |
| 1. (a) of<br>P.L. 103-286   | c. Netherlands Reparation Payments based on Nazi, but<br>not Japanese, persecution (during World War II).   |
| 10405 of<br>P. L. 101-239   | d. Payments from the Agent Orange Settlement Fund or<br>any other fund established pursuant to the settlement in the In re<br>Agent Orange product liability litigation, M.D.L. No. 381 (E.D.N.Y.). |
| 6(h)(2) of<br>P.L. 101-426  | e. Radiation Exposure Compensation.   |
| 12005 of<br>P. L. 103-66    | f. VA pensions limited to \$90 per month under P.L.<br>38 U.S.C. 5503.  |

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Territory: \_\_\_\_\_

Citation

Condition or Requirement

436.832

2. The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual's or couple's income to the cost of institutionalized care:

a. Personal Needs Allowance (PNA) of Not Less Than \$30  
For Individuals and \$60 For Couples For All Institutionalized Persons.

(I) Aged, blind, disabled:  
Individuals \$ \_\_\_\_\_  
Couples \$ \_\_\_\_\_

For the following persons with greater need:

-- Supplement 7 to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.

(ii) AFDC related:  
Children \$ \_\_\_\_\_  
Adults \$ \_\_\_\_\_

For the following persons with greater need:

Supplement 7 to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.

(iii) Individual under age 21 covered in the plan as specified in Item B. 9. of Attachment 2.2 -A. \$ \_\_\_\_\_

TN No. \_\_\_\_\_  
Supersedes  
TN No. \_\_\_\_\_

Approval Date \_\_\_\_\_

Effective Date \_\_\_\_\_

State: \_\_\_\_\_

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Citation	Condition or Requirement
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1924 of the Act

13. The agency complies with the provisions of §1924 with respect to income and resource eligibility and posteligibility determinations for individuals who are expected to be institutionalized for at least 30 consecutive days and who have a spouse living in the community.

When applying the formula used to determine the amount of resources in initial eligibility determinations, the State standard for community spouses is:

\_\_\_\_\_ the maximum standard permitted by law;

\_\_\_\_\_ the minimum standard permitted by law; or

\$\_\_\_\_\_ a standard that is an amount between the minimum and the maximum.

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OFFICIAL

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AUGUST 1991

ATTACHMENT 2.6-A  
Page 6  
OMB No.: 0938-

Territory: VIRGIN ISLANDS

Citation

Condition or Requirement

B. Post-Eligibility Treatment of Institutionalized Individuals

42.CFR  
436.832

Required deductions.

The following amounts are deducted from gross income when computing the application of an individual's or couple's income to the cost of institutional care:

1. Personal Needs Allowance. \$41.00
2. For maintenance of the non-institutionalized spouse only. \$100.00
3. For non-institutionalized children, each family member. \$65.00
4. Amounts for incurred medical expenses not subject to payment by a third party.
  - a. Health insurance premiums, deductibles and coinsurance charges.
  - b. Necessary medical or remedial care not covered under the Medicaid plan. (Reasonable limits on amounts are described in Supplement 2 to ATTACHMENT 2.6-A).
5. An amount for maintenance of a single individual's home for not longer than 6 months, if a physician has certified he or she is likely to return home within that period.

X Yes. Amount for maintenance of home \$100.00  
       No.

TN No. 91-6  
Supersedes  
TN No. 87-1

Approval Date FEB 03 1992

Effective Date OCT 01 1991

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OFFICIAL

Territory: Virgin Islands

Citation

Condition or Requirement

1902(1) of  
the Act

6. Benefits paid under AB, APTD, or AABD to blind or disabled individuals during the initial 2 months in which the individuals receive care in a hospital, SNF, or ICF if the individuals are allowed to retain the benefits under agreement with the facility; or during a temporary stay in a hospital, SNF, or ICF, if it is determined that the individuals' stay is not likely to exceed 3 months and they must continue to maintain a home to which they may return upon leaving the institution.
- C. Financial Eligibility - Categorically and Medically Needy, Qualified Medicare Beneficiaries, Qualified Disabled and Working Individuals, and Specified Low-Income Medicare Beneficiaries
  1. Categorically Needy Income Levels
    - a. For categorically needy groups other than those specified in items C.1.b. and c. below, the financial eligibility income levels for the related cash assistance programs are applied.
    - b. Supplement 1 to ATTACHMENT 2.6 specifies the income eligibility levels for the following groups of individuals with incomes related to the Federal income poverty line:

TN No. 94-3  
Supersedes  
TN No. 91-6 Approval Date OCT 27 1994 Effective Date JUL 1 - 1994

Revision: HCFA-PM-~~84-5~~ <sup>93-5</sup> (MB)

~~MAY 1993~~ MAY 1993

ATTACHMENT 2.6-A

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Territory: Virgin Islands

Citation	Condition or Requirement	
1902(l) of the Act	(i)	Optional categorically needy groups of pregnant women, infants or children covered under the provisions of sections 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VI), 1902(a)(10)(A)(ii)(IX), and 1902(l)(4)(A) of the Act.
1902(m) of the Act	(ii)	Optional categorically needy groups of aged and disabled individuals covered under the provisions of section 1902(a)(10)(A)(ii)(X) of the Act; and
1905(p)(4) of the Act	(iii)	Optional groups of qualified Medicare beneficiaries under the provisions of section 1902(a)(10)(E)(i) of the Act.
1905(p)(4) of the Act	(iv)	Optional groups of specified low-income Medicare beneficiaries under the provisions of section 1902(a)(10)(E)(iii) of the Act.
1905(p)(4) of the Act	c.	For optional groups of qualified disabled and working individuals, the financial eligibility income levels specified in section 1905(s) of the Act are applied.

TN No. 94-3 Supersedes 91-6 Approval Date OCT 27 1994 Effective Date JUL 1 - 1994